



CITY OF CARROLLTON

APPLICATION FOR SPECIAL ALCOHOLIC BEVERAGE EVENT PERMIT

(Applications must be made at least thirty (30) days prior to the date of the event unless otherwise waived)

ALCOHOL TO BE PROVIDED FREE OF CHARGE TO INVITED GUESTS

DATE:

Private Party ☐

Non-Profit Organization ☐

Governmental Organization ☐

NAME OF APPLICANT / ORGANIZATION RESPONSIBLE FOR THE EVENT:

Last :

First:

Organization:

Address:

City:

State:

Zip Code:

Telephone No.:

E-Mail Address:

DATE(s) & TIME(s) OF EVENT (3 days or less):

LOCATION OF EVENT:

DETAILED DESCRIPTION OF THE EVENT:

WILL ENTERTAINMENT BE INCLUDED AT THE EVENT?: yes ☐ no ☐ *(If yes, please describe in detail below)*

ESTIMATED NUMBER OF PARTICIPANTS:

NUMBER OF PREVIOUS PERMITS IN CURRENT CALENDAR YEAR: *(Limit 5 per calendar year)*

DOES THE APPLICANT HOLD A CITY ALCOHOL LICENSE?: yes ☐ no ☐

(If yes, please list business name, address and license number exactly as it appears on the license)

Business Name: _____ Address: _____

Alcohol License Number: _____

AN EXECUTED COPY OF THE RENTAL AGREEMENT FOR CITY-OWNED PROPERTY MUST BE PROVIDED PRIOR TO THE FINAL APPROVAL OF THE SPECIAL ALCOHOLIC BEVERAGE EVENT PERMIT.

Agreement provided? yes ☐ no ☐ *(If no, when will it be provided?)*

I HEREBY CERTIFY THAT I HAVE RECEIVED & READ SECTIONS 6-58 THROUGH 6-59 OF THE CITY OF CARROLLTON ALCOHOLIC BEVERAGE ORDINANCE AND THAT I WILL COMPLY WITH ALL REQUIREMENTS OF THE SAME, AS WELL AS ANY OTHER REQUIREMENTS DEEMED NECESSARY.

Applicant Signature:

Date:

FOR CITY STAFF USE ONLY:		
Complete application received at least thirty (30) days before event (<i>unless otherwise waived</i>): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Appropriate fee received: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has applicant had five (5) permits during this calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If applicant has a City Alcohol License, is it current and in good-standing? Yes <input type="checkbox"/> No <input type="checkbox"/>		
CPRCAD / Main Street rental agreement has been executed & provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Security Officer Required for event: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Police Department notified (comments): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fire Department notified (comments): Yes <input type="checkbox"/> No <input type="checkbox"/>		

Approved by:	Date:
Denied by:	Date:
Permit issued by:	Date: